Case	e 5:12-cv-04716 Document 1 Filed 08/27/12 Page 1 of 10 PageID #: 1	
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	UNITED STATES DISTRICT COURT AUG 2 7 201	2
	SOUTHERN DISTRICT OF WEST VIRGINIA	
Niche	elas Bacafi 276 Southern Eistrict of We	ourt
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		_
		_
	ove the full name of the plaintiff (Inmate Reg. # of each Plaintiff)  ffs in this action).	
VERSUS		
	(Number to be assigned by Court)	
inad	C. R. W. Tol Zink-	
- vowing	- Fri Bealthey Joel Ziegler	
<u>otc</u>	turner	
	bove the full name of the defendant	
or defenda	dants in this action)	
	COMPLAINT	
I. Pro	revious Lawsuits	
A.	. Have you begun other lawsuits in state or federal court dealing with the sa facts involved in this action or otherwise relating to your imprisonment?	me
	Yes No	

В.	is mo	answer to A is yes, describe each lawsuit in the space below. (If there e than one lawsuit, describe the additional lawsuits on another piece of using the same outline).
	1.	Parties to this previous lawsuit:
		Plaintiffs: 2291 Jall time Credit
		Defendants: Wardu
	2.	Court (if federal court, name the district; if state court, name the county);  Southern district West Virgina
	3.	Docket Number: WA
	4.	Name of judge to whom case was assigned:
	5.	Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?
	6.	Approximate date of filing lawsuit: $\frac{\sqrt{2012}}{\sqrt{1000}}$
	7.	Approximate date of disposition:

II.	Place	e of Present Confinement: FCL Beckley
	A.	Is there a prisoner grievance procedure in this institution?
		Yes No
	В.	Did you present the facts relating to your complaint in the state prisoner grievance procedure?
		Yes No
	C.	If you answer is YES:
		1. What steps did you take?
		2. What was the result?
	D.	If your answer is NO, explain why not: Staff [5 refusing  acress to admin Remedy Process
III.	Part	
	and	tem A below, place your name and inmate registration number in the first blank place your present address in the second blank. Do the same for additional stiffs, if any.)
	A.	Name of Plaintiff: 350
		Address: Pa Box 120 Beaver WV 25813
	B.	Additional Plaintiff(s) and Address(es):

(In item C below, place the full nameo f the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C.	Defendant: Ofc tyrer
	is employed as: Correction of office
	at FCI Beckley
D.	Additional defendants: Wardy Jal Ziegler
	Psychology Dr Ann Elizeabeth Card

## IV. Statement of Claim

State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

cn 6/8 @ aprox 1500-1700 while Louse in
She Drange (10 Cell I was told to cuff
up you getting a celly 5 complied. Afternands
I was placed in Shu drange 4 CCN. Some of
my person property was brought over I my
New colly uncuffed. Here was Aproximately 4 Staff Munkers
Standing outside my door. I Attempted to explain that
I did not have my property while explaining.

## IV. Statement of Claim (continued):

to give him the cofts I made tidey after I was purched in
the Stonach by ofc turner with a close fisted purch.

I imediately Surrended the Cuffs fearing for My Sufety swell Berry.

I intermed Sever Stoff of the incident afterwards. I have Been

Suffering Sowere Mestal divess a Anxiety Attacks who ever dealing w/

Stoff. Psychology, Continus after numerical requests refuses to the Mestal Mosth.

## V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I am regusting a twice a week computing Session with an
outside Psychologist related to the putol traum Siffed from
this incident. Offer the Bop to provide Any perscriptors perscribed by
South Physician. I am Seeking in damagest 20 million for the assemble
B 25 million For Mutal Stress 2 Anxiety Sofferd ST45 million for future
Stress that will be Sufferd any time I am hand outfred or dealing w
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V.	Relief	(continued)):
	Scree	ring Instation Stoff for Hiring maching
e	Molori	ring Instational Stort. For Hiring reactively reg a Stort member that unwill assumed a determined with handoutes a Alkewing For
I	note	that is actively restrained with handcutts a Alkewing Pso
to	Show	Blazer wanter disregard for my mental Months
í.u.	11 Q	e Ano
VII.	Coun	sel
	A.	If someone other than a lawyer is assisting you in preparing this case, state the person's name:
	В.	Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?  Yes No
		If so, state the name(s) and address(es) of each lawyer contacted:
		If not, state your reasons: I am on place I enail restriction  2 housed in She limited across to cutside world
	C.	Have you previously had a lawyer representing you in a civil action in this court?
		Yes No

If so, state the lawyer's name and address:
Signed this 22 nd day of August, 2012.
<u> aa</u>
Signature of Plaintiff or Plaintiffs
I declare under penalty of perjury that the foregoing is true and correct.  Executed on August 22 2 2012  (Date)
Signature of Movant/Plaintiff
Signature of Attorney (if any)

Nicholas Barbati 27662-018 FCI Beckley P. O. Box 350 Beaver, WV 25813

> I am requestry the Appointment of Consol with Case.

> > August 22ad 2012

\$\approx 27662-018 \approx Nicholas Barbati Nicholas Barbati Beckley 27662-018 P. O. Box 350 Federal Corr Inst Beaver, WV 25813 United States

Cley, West Virginia 25801 united States district Court

thurdey August 28, 2012 Special new